

ATC-20 Detailed Evaluation Safety Assessment Form

BUILDING DESCRIPTION:

Name: Detention BuildingAddress: Seattle WANo. of Stories: 16Basement: Yes ☒ No ☐ Unknown ☐Approximate Age: 75 Years

Approximate Area: _____ Square feet

Structural System:

Wood Frame ☐ Unreinforced Masonry ☐Reinforced Masonry ☒ Tilt-up ☐Concrete Frame ☐ Concrete Shear Wall ☐Steel Frame ☐ Other _____

Primary Occupancy:

Dwelling ☐ Other Residential ☐ Commercial ☐Office ☒ Industrial ☐ Public Assembly ☐School ☐ Government ☐ Emer. Serv. ☐Historic ☐ Other _____

OVERALL RATING: (Check One)

INSPECTED (Green) ☒LIMITED ENTRY (Yellow) ☐UNSAFE (Red) ☐

INSPECTOR:

Inspector ID Chris RafteryAffiliation GWMB

INSPECTION DATE:

Mo/day/year March 1 through March 5, 2001Time all times am pm

Instructions: Complete building evaluation and checklist on next page and then summarize results below.

Posting: Existing Recommended

None ☐Inspected (Green) ☐Limited Entry (Yellow) ☒Unsafe (Red) ☐☒☐☐

Posted at this Assessment:

☒ Yes ☐ No

Existing posting by:

Seattle DCU

Recommendations:

☐ No further action required☐ Engineering Evaluation required (circle one) Structural Geotechnical Other _____☐ Barricades needed in the following areas: _____☐ Other (falling hazard removal, shoring/bracing required, etc.): _____Comments (Why posted Unsafe, etc.): for structural evaluation, fire and life safety review, repair of cracked plaster

ATC-20 Detailed Evaluation Safety Assessment Form (Continued)

Instructions: Examine the building to determine if any hazardous conditions exist. A "yes" answer in categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "yes" answer in category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "Yes", "Unknown" findings and extent of damage under "Comments."

Condition	Hazardous Condition Exists			
	Yes	No	Unknown	Comments
1. Structure Hazardous Overall				
Collapse/partial collapse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Building or story leaning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hazardous Structural Elements				
Foundations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roof/floors (vertical loads)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Columns/pilasters/corbels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Walls/vertical bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Moment frames	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Precast connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Nonstructural Hazards				
Parapets/ornamentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	by others
Cladding/glazing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ceilings/light fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Interior walls/partitions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	clean up in progress or completed
Stairs/exits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	clean up completed
Electric/gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Geotechnical Hazards				
Slope failure/debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ground movement, fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SKETCH: